Regional Children's Asthma Clinic			The colors of a traffic light will help you
Name	Date		use your asthma medicines:
Parent/Guardian(s) Name(s)	Phone Number		Red: Danger Zone! Get help from a doctor
Emergency Contact	Phone Number		Yellow: Caution Zone! Add quick-relief medicine
Prescribing Health Care Provider	Phone Number		Green: Go Zone! Use controller medicine
Health Care Provider's Signature			

**Emergency Medication Possession and Self-Administration Approval** 

Student has received instruction in self-administrati	on of emergency medic	cation. (Initial)	Date Approval Expires			
GO!	Use these medicines every day:					
●Breathing is good	MEDICINE	HOW MUCH	HOW OFTEN			
●No cough or wheeze	<del>-</del>					
Can work and play     Symptom						
•Sleep through the night Score						
- AND - = 0						
CAUTION:						
●Exposure to a known trigger	MEDICINE	HOW MUCH	HOW OFTEN			
●Cough day or night			x1			
●Mild wheeze	In 4 hours	s, did symptoms i	mprove/return to green zone?			
Tight chest     Symptoms during exercise	↓ NO ↓	$\rightarrow$ YES $\rightarrow$	Return to green zone medications			
•	↓ NO ↓	→1L0→				
	Have you been in th					
- OR - Symptom	more than 24 hours?					
Score	↓ NO ↓	$\rightarrow$ YES $\rightarrow$	Call your Health Care Provider			
1 to 8	MEDICINE	HOW MUCH	HOW OFTEN			
			Every 4 hours			
FIRST SIGNS OF A COLD:						
_	MEDICINE	HOW MUCH	HOW OFTEN			
			Every 4 hours as needed for			
_			days			
			Every Morning and Every Evening for days			
DANGER!	Take these	medicines and ca	ll your health care provider now!			
●Medicine is not helping	MEDICINE	HOW MUCH	HOW OFTEN			
●Breathing is hard and fast		2-4 puffs	Every 20 minutes til help is reached			
●Nose opens wide / ribs show						
●Can't talk well						
•						
/	- OR - Symptom					
Score GET HELP FROM A HEALTH PROVIDER NOW! It's in						
≥9	ovider, call 911 or go directly to					
	the emergency room. DO NOT WAIT!					
	Revised 7.2021					

